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ORIGINAL DEPARTMENT.

Communications.

ON THE APPLICATION OF ICE TO THE SPINE IN MENORRHAGIA OR EXCES- SIVE MENSTRUATION.

By WM. C. CROOKS, M. D.,
Of Philadelphia.

In entering on the consideration of the treatment of menorrhagia, it is almost superfluous to observe that this can be by no means uniform. In every instance, however, we have to fulfil two indications, of which sometimes the one, sometimes the other is the most urgent; namely, to arrest the present hemorrhage, and to remove the cause on which it depends. The principles which must guide us in endeavoring to accomplish the latter, are too obvious to need more than the very briefest reference.

In patients suffering from general debility, the tonic remedies and ferruginous preparations which tend to invigorate the health and to improve the composition of the blood, will of themselves have a most powerful influence in checking the excessive discharge at the menstrual period. Again, there are cases which demand for the suppression of the excessive hemorrhage, a carefully regulated diet, avoidance from all stimuli, occasional small doses of saline aperients, etc. The cases demanding this treatment are those depending upon or occurring in connection with a state of general plethora of the abdominal vessels, a sluggish action of the liver, and in a constipated state of the bowels.

It is unnecessary for me to mention the varieties of condition, the precautionary measures which are applicable to different forms of menorrhagia, or the management of such cases; further than that claiming notice under this form of treatment, as the

subject has in these respects received due consideration from other sources.

The disease under observation in a great number of cases yields readily to the influence of astringent remedies, when employed either general or local, or both, especially in the active state of the hemorrhage, while in the passive character of the discharge, antiphlogistic measures succeed them. We know that the active and passive character of the hemorrhage differ widely; and it cannot be denied that the astringent remedies in the one, and the antiphlogistic in the other condition, are of indispensable value; but it will also be acknowledged that often both measures fail to accomplish the desired result satisfactorily.

It was such cases that led me first to consider the applicability of this remedy. It acted so happily in arresting the hemorrhage and mitigating pain in the first case, that I resolved to try its efficiency in other cases I had then under treatment; when from its use the same good results followed.

The first case I will note, was a lady who had been operated on by another practitioner for partial occlusion of the os, about one month previous to the attack of menorrhagia.

The Doctor informed me that his patient had been suffering severely with this hemorrhage for over a week, and still remained in a low condition. I suggested that the spinal ice-bag should be applied, to which the Doctor assented, the effects of which were as follows:

Case.—Mrs. S., at 35 years, a native of Ireland; no children; no miscarriages; had for the past eight years been liable to attacks of menorrhagia; suffered greatly at times, for a number of years, with uterine disease, on account of which she had been under treatment by different physicians, and as noted above, lately operated on for partial occlusion of os. This occlu-

sion was attributed to be the result of the preceding treatment. On April 27th, 1866, menorrhagia returned, the flow very much increased in quantity. Astringent remedies were employed, both general and local, but gave only temporary relief. On May 5th, the first application of ice was made to the spine, and directed to be retained thereto for two hours. In half an hour after the application was made, a sleep of an hour's duration was produced. The preparations of cinchona and iron were given internally. On the 6th, pain was greatly relieved, and the flow diminished to not more than two ounces in the twenty-four hours. The ice was again reapplied as before. On the 7th, pain diminished still more, hemorrhage entirely checked, and did not again recur. The debility was great, and the preparations of cinchona and iron were continued. Beef-extract and a good nourishing diet was ordered. The patient, under this tonic treatment, soon regained her usual strength.

I have called the attention of several of my friends to this method of treating menorrhagia, who also, in using it, report satisfactorily.

I might append a number of cases exemplifying the results of my own observations connected with those of others, but I shall make it suffice to relate three other cases coming immediately under my own observation, and then merely to point out as concisely and succinctly as possible the mode of preparing the ice for, and applying it to the spine.

Case I. Mrs. M., aged 45 years, a widow; never had any children; no miscarriages; menses appeared at fourteen, regular for fifteen years from first appearance, when marked symptoms of uterine disease began, and passing from bad to worse until the return of each monthly epoch became the signal of a profuse and painful discharge. Had frequently been under treatment, from which the uterine trouble was greatly benefitted, but the excessive menstruation remained undiminished in quantity at the return of each monthly period.

On August 4th, 1866, I was called upon and asked to see the patient, whom I found bleeding profusely. She told me that she had lost about two pints of blood from the time she first began to flood, which was

the day previous. At the rate she was bleeding when I saw her first, I presumed not less than two pints would be lost in twenty-four hours. There was great pain, a slight diarrhoea, and general debility. I ordered the application of ice to the lower portion of the spine, which was to remain on for one hour and a half. In half an hour the patient was relieved so much that a sleep was produced, from which she did not awake until time to remove the ice. Pain considerably alleviated, and the bowels were not again opened until evening. At 10, P. M., I again found a recurrence in the hemorrhage, but it yielded readily to the influence of ice to the spine. I gave her five grains of pulv. ipecac et opii, and ordered the dose to be repeated, if necessary to secure sleep during the night.

5th. Hemorrhage did not recur to any very great extent during the night, and still remained greatly reduced in quantity, pain quite tolerant, and the passage from bowels had become natural. There still remaining an excessive discharge. Ice was reapplied and directed to remain on for one hour. She was placed upon wine- whey and beef-extract, to be taken at regular intervals.

6th. Hemorrhage entirely controlled. There still remained some pain, but it was greatly mitigated. The stools healthy, and bowels regular. The debility now alone demanded attention; the tonic remedies and ferruginous preparations were administered, and a good nourishing diet given.

30th. No recurrence. Able to leave her room and resume her domestic duties.

Case II. Was a young woman, æt. 19, large, heavily built, and plethoric. Menstruated at 15; married two years; no children. One miscarriage. This accident happened three months previously. Gestation had progressed naturally until this accident, which happened about the third month, discharged the product of conception. Had always menstruated regular up to the time of conception. After this accident for the first time she had excessive menstruation.

On the 10th of September I was summoned to see her. She had been flooding for twelve hours, during which time she had lost a pint of blood as near as could be

calculated. Bowels constipated and pain severe. At 8 P. M. ice was applied to the spine, and in 20 minutes sleep was produced, which lasted two hours. A large dose of castor oil was given to overcome the constipated condition of the bowels.

11th. The discharge reduced to its normal quantity. Ice not reapplied. Antiphlogistic measures restored to.

20th. No recurrence of the excessive menstruation. Health regained. Medicine discontinued.

By using precautionary measures on the approach of each menstrual period, she has not as yet suffered from any return. The precautions I directed in this case, are those which the known liability of any woman to menorrhagia should lead her to adopt with the return of each menstrual epoch, strict observance of the horizontal position, from the commencement of the discharge until it ceases, with this associated due care that the bowels are not constipated.

Case III. On May 24th, W. R., æt. 30, dispatched a messenger for me in great haste. I answered the summons immediately, and upon my arrival was informed that three days previously Miss R. had, on coming down stairs, received a trivial injury by falling down three or four steps. No inconvenience, whatever, had been experienced, or pain suffered from the fall until the morning of the 24th, when the return of her menses were accompanied by an alarming hemorrhage.

In this case no treatment was indicated except that which would arrest the present hemorrhage. Ice was applied to the lower part of the spine, and retained thereto for two hours. The application was renewed three different times during the succeeding 38 hours, at the expiration of which hemorrhage was under complete control.

28th. No recurrence of hemorrhage, a little prostration from the loss of blood was all that remained, for which ferrated elixir of callisaya in dessert-spoonful doses was given three times a day.

I have introduced the last three cases to illustrate how beautifully and effectually ice acts in arresting the excessive hemorrhage; and have in relating the last case shown that the ice was not simply acces-

sory to the checking of the hemorrhage, but fulfilled in itself the whole indication.

Dr. CHAPMAN, of England, the originator of ice applications to the spine, states in his pamphlet on Epidemic Cholera, that some fear is to be entertained; in applying the ice, of producing hemorrhage from the uterus, and especially if any hemorrhage exist in that organ, of augmenting it. In other words he would disapprove of its applicability in uterine hemorrhage. It is the experience of the writer, after having used it in a large number of cases of diarrhoea, cholera morbus, and also in a few cases of epidemic cholera, which came under observation in the summer of 1866, that the fear of producing uterine hemorrhage is of secondary importance, for in not one case have I seen any such tendency, and where hemorrhage was excessive I have never failed to control it by the use of ice to the spine.

Many, I have no doubt, fully understand how to prepare the ice for, and apply it to, the spine. As Dr. CHAPMAN in his pamphlet on "Epidemic Cholera" gives all necessary directions in that particular. But in all probability there are many unacquainted with Dr. CHAPMAN's method, who will read this article, and for their benefit I will succinctly detail the mode of preparing and applying the ice to the spine.

The ice is to be broken up into small pieces about the size of an English walnut, and then put into the CHAPMAN's spinal ice bag (or in lieu thereof the common bladder may be used,) the pockets of which are to be not more than two-thirds full, when you will securely tighten them by the attached screws, if the CHAPMAN's bag be used, and if the bladder, a cord will answer the purpose.

Having the ice prepared as above, it is applied to lower portion of the spine, (in the region of the lower dorsal and lumbar vertebra,) and retained thereto from half an hour to two hours "as the exigency of the case may require," and renewed at intervals varying from six to twelve hours until the desired effect is produced.

Special attention to the preparing of the ice should be given, for obvious reasons. The patient, if at all possible, must be placed on her back, and have the ice bag applied to the spine underneath her; now

if the ice is not prepared correctly, or the bag or bladder more than two-thirds full, it will in the one case cause an irregularity, and in the other a globular mass which cannot be rightly adjusted to the spine.

A GENUINE HERMAPHRODITE.

BY HENRY N. AVERY, M. D.,

Of Poughkeepsie, N. Y.

The following is such a wonderful case, and being as near a hermaphrodite as anything can be, notwithstanding the evidence that nothing of the kind can exist, I report it for the novelty of the case, rather than for the operation.

August 6th, 1868, Christie Ann C— called upon me for advice, giving the following answers to my questions. After stating that she was a native of Nova Scotia, and had just arrived in this city to see a sister living here, and seek surgical aid in the States; unmarried; twenty-four years of age; five feet ten inches high; enjoying comparatively good health; occupied during the past two years in teaching school, and that she had a *growth* upon her privates.

From observation, I discovered that she possessed a deep, coarse voice, a masculine frame and face; in fact, resembling an ordinary coarse woman.

After a careful examination, to my surprise I found the following to exist: the mamma were undeveloped; the clitoris, resembling a penis in flaccid state, was two inches long, and half an inch in diameter, with well developed gland and foreskin. No orifice was discovered. A vagina two inches deep, well formed, existed, but a close examination per rectum and bladder could not discover any trace of a uterus; the meatus urinarius and vestibule were perfect; the right labium majorum was quite natural and of usual size; the labia minora were traceable, but in the folds of the left labium there appeared a large pendant tumor, resembling the left *testicle* of a man, with a well developed scrotum of usual size, of some four inches in length, resembling in every respect the scrotum. Tracing what appeared to be the cord up, I found it made its exit from the external abdominal ring, and having every indication of a spermatic

cord; the epididymis appeared to be natural; in fact, everything resembled a *testicle*.

She stated that she felt some sexual desire, and that every morning for the past six years, she had vomited, on rising from bed, a small quantity of blood. To my question as to how long the tumor had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her. The physician at home, the only one she had ever shown it to, stated that he could do nothing for her.

Being placed in somewhat of an embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to see if my diagnosis of a *testicle* would be confirmed. Accordingly Drs. J. S. P. LORD, E. H. PARKER, and my brother, Dr. E. W. AVERY, all of this city, were called in, when they all agreed that it resembled in every respect a *testicle*, but the case being so extraordinary that they could not form any diagnosis, but advised an operation.

With the assistance of Dr. LORD and Dr. E. W. AVERY, I proceeded to perform the operation, by removing the tumor by the usual process for castration, by making an incision of some five inches in length, so as to expose the cord, which was found with three arteries that were ligated, and several smaller ones, a large nerve, veins, etc.; severing the cord, the retraction was the same that might be expected in performing the operation upon a man; the tumor was then dissected out, the wound partially closed, and the patient placed in bed.

After removal, the tumor was examined by Dr. LORD, Dr. E. W. AVERY and myself, with a microscope magnifying 350 times, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, it was declared a *testicle*.

Mounted specimens of the tubes for the microscope have been prepared, and photographs of the woman will be preserved.

This being the only case, I believe, on record, where a *testicle* has been discovered in a woman, it will naturally interest many. The fact can now be settled, that such a thing as a hermaphrodite has existed.

EXTRACTION OF A GRAIN OF CORN
FROM THE TRACHEA.

By J. SCOTT, M. D.,
Of Parkersburg, W. Virginia.

On the evening of February 26th, 1867, Thomas Hess, Esq., of Ritchie County, West Virginia, brought his little boy aged 5 years to my office to consult me on his case. He stated that the boy had been in good health until that afternoon; that he was walking, and had some grains of corn in his hand, which he was sucking into his mouth and blowing them out into his hand. Just as he was drawing them again into his mouth he stumped his toe, and was suddenly affected with great difficulty in breathing. A physician near at hand was at once called in, who gave the boy an emetic, which operated freely without relief; he then held him with the heels up and the head down, etc., without relief.

His father then galloped with him to the train which was near due, and brought him to this place, a distance of 40 miles; on the way the boy suffered much from cough and suffocation.

I found him with croupal respiration, suffused and livid countenance, and alarming paroxysms of cough and suffocation. The patient was sinking so rapidly I at once saw he must be relieved by opening the trachea, or perish.

Assisted by Drs. CLARK and DAVIS, at 9 o'clock at night, he was brought under the influence of chloroform. I then made an incision through the integuments in the median line, from the base of the cricoid cartilage to near the top of the sternum; the sterno-hyoid and thyroid muscles were divided, the plexus of veins, etc., pushed aside, and four rings of the trachea opened. In a short time the grain of corn came into view, which was extracted with the forceps. The wound was then dressed with sutures, straps and bandage. He rallied rapidly from the chloroform, and appeared quite relieved; but in a few hours the breathing became difficult again, owing to the swelling produced from the irritation of the grain of corn. I at once reopened the wound which gave immediate relief. I found it necessary to keep it open for two or three days, after which it was closed, and was

entirely healed in two weeks from the day of the operation; since which time the boy has been in good health.

CASES TREATED BY CARBOLIC ACID.

By WM. NICK. PINDELL, M. D.,
Of Bay Hundred, Md.

July 15th, 1868 J. G., a negro, aged 66, addicted to drink, of good constitution, had his right hand torn to pieces, the carpal bones crushed, ulnar fractured three inches from wrist, by a threshing machine. A field tourniquet was applied at the time of the accident. When seen an hour after, but little blood had been lost. Tinc. opii had been given to relieve pain. Saving any part of the hand was out of the question. Ably assisted by Dr. JAMES SETH, the patient was chloroformed, flap operation performed at the middle of lower arm, three arteries ligated; a solution of carbolic acid, f. ʒj. (liquid), spts. vini gallici, f. ʒij., water, f. ʒiv., was then freely applied to the whole surface by a sponge, the parts brought together, forming a very firm stump, maintained in position by five pieces of adhesive plaster, bandage around the stump, large compress wet with carbolic acid, tinc. opii and water applied over the line of incision, and a light bandage over all, with direction to keep the stump constantly wet with the mixture, and to let me hear as soon as there was any smell from the stump.

Hearing nothing, called to see him on the 21st. Removed the dressings, found the wound uniting by first intention throughout, except where the ligatures protruded at superior and inferior points of the wound, reapplied compress and light bandage, continued the mixture as before.

Aug. 1st. Wound united perfectly except around the ligatures, removed two of these, continued dressing as before.

Aug. 5th. The other ligature removed. There has not been twenty drops of pus discharged. Adhesive strips unchanged; man going about, taking his regular food and a glass or two of whisky daily. Discharged.

The acid gave some pain for two hours after its application—it may have been a little too strong. He suffered with headache for several hours, attributable to the

chloroform. I have used the chloride of zinc in like manner, but the acid in this case—my only amputation—is far ahead in good results. Amputations are rare in a country practice, and I have but little chance to follow up the further trial, but hope its virtue will be sought for by those whose lot it is frequently to use the knife. I feel satisfied that if I had used acupressure instead of the ligature, my patient would have been discharged before the 1st day of August.

July 12th. W. J., aged 13, a bright interesting boy, delicate but healthy, attacked yesterday with fever and sore-throat. Found him suffering from diphtheria, with patches on both tonsils, fauces, and uvula. At once put him on the treatment which of late has seemed so successful. Hyposulphites of soda and magnesia in ten-grain doses every three hours, with a saturated solution of the bisulphite of soda as a frequent mop and gargle to the throat, turpentine beneath the jaw and around the throat; to take anything as food that he may desire.

18th. The patient no better, continue treatment.

19th. Worse; disease extending, diarrhoea set in. Substitute for the former the following: Tinc. perchlorid. ferri, ten drops in brandy every two hours, chloride zinc as a gargle. Brandy, milk, and strong coffee ad libitum.

20th. Disease continues to extend, deglutition more difficult, breathing obstructed, and I felt satisfied my patient would not live. Removed several patches of false membrane with dressing forceps. Surface raw, blood exuding. My former treatment proving futile, abandoned it, and put him upon the following: Carbolic acid, f.ʒij. (liquid), spts. vini gallici, f.ʒss., aqua, f.ʒviii., as a mop and gargle to the throat every half-hour; chlorate potash, ʒss., hydrochloric acid, f.ʒj., aqua, f.ʒvj., a teaspoonful every two hours, with directions to swallow a little of the first mixture while gargling. Brandy, beef-soup, coffee, as desired.

21st. Every general symptom improved, patches of false membrane turning dark, thin, and losing their attachment to the throat; case in every respect hopeful and gratifying; continue treatment.

22d. Still improving, false membrane nearly all removed, throat looks reddened, parts of left tonsil and uvula destroyed by the disease; continue treatment at lengthened intervals. To-day a younger brother taken with same disease, applied same treatment.

23d. My first patient discharged, second better; continue treatment.

24th. Still improving.

25th. Discharged.

I feel perfectly satisfied that the first case would have ended in death under any other form of treatment heretofore used by myself in this disease, and give all credit to the carbolic acid. Nitr. argenti has never done good in my hands, neither has chlor. potass. internally or by gargle. I have derived more benefit from perchlorid ferri and quinine internally, chloride zinc, CONDY'S solution, as a gargle, than all other agents. In a few cases within the last two years, the hyposulphites acted very well, and relieved without anything else, but in this case failed entirely. I shall promptly use the acids in my next case.

July 25th. Mrs. K., aged 50, healthy, has been suffering for two weeks with carbuncle on left hip. Would not complain earlier, dreading the knife or caustic. Two of her brothers have died with this disease, one on the head and neck, the other on the back, immensely large, as I heard, having seen neither case. When I saw the case, the carbuncle would measure six inches in diameter, embracing all the parts about the trochanter joint. She suffered very much. There were five openings from which flowed the discharge, offensive and acrid. Made a semi-lunar incision through the mass, embracing four of the fistulas in the sweep of the scalpel, having to cut an inch and a half to two inches deep, through the diseased parts; there was hardly any pain felt whilst cutting, and was greatly relieved by the knife almost immediately. Applied four long strips of adhesive plaster as a support, with a poultice of flaxseed, which had been prepared by a solution of carbolic acid of same strength as that used in the case of diphtheria, with directions to use as an injection three times daily, a weakened solution of the same, under the flaps formed by the cut. Diet such as desired.

29th. My patient has been steadily improving, with no drawback. Quite a large core is said to have come away last night. Poultrice omitted, and a fold of lint kept wet with the solution, applied continuously; injection continued.

30th. There is but little discharge, disease looking far differently; in fact, would not have been recognized as carbuncle; continue treatment.

Aug. 2d. Patient getting well rapidly; treatment continued.

5th. But little discharge, healing kindly.

8th. Nearly well, injection omitted.

11th. Discharged.

Should this acid act in like manner in future trials, I would as soon treat carbuncle as a simple boil. Have had a good deal of trouble and disappointment in their management formerly. I defer making any remarks on these cases. Here they are. Let any one try the acid, and report the result.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
Philada., March, 1868. }

SURGICAL CLINIC OF D. HAYES AGNEW, M.D.

Reported by Dr. Napheys.

Artificial Pupil and Cataract.

This colored girl is twenty-five years of age. About one year and a half ago, she discovered the vision in the right eye becoming dim, and at the same time the left became inflamed and painful. In a few months the sight in both eyes was extinguished, leaving her absolutely blind. She is conscious of the presence of light, a very important consideration in operations upon this organ. An examination reveals a closure of the pupil of the left eye, and the existence of cataract in the right. There is also some slight opacity of the cornea of the left eye. The case presents the peculiarity of both eyes being simultaneously affected, with very diverse results. The most careful interrogation fails to discover the slightest evidence of either a syphilitic, rheumatic, or strumous origin. The woman in all other respects is perfectly well. She refers her condition to cold consequent on exposure in performing the ordinary duties of a house-servant. We must accept this explanation, and do what we deem best in her present condition. An iritis

left to itself, as this seems to have been, results in serious structural changes. The white substance seen in the contracted and irregular pupil is inflammatory lymph. The ball of the eye is sensibly diminished in size, and does not possess its normal resistance to pressure. In all probability, there has been general ophthalmitis. Our object with regard to this left eye is to form an opening in the iris sufficiently large to admit the entrance of light. The superior lid is gently raised with this elevator, and committed to the assistant; seizing the ocular conjunctiva with a pair of toothed forceps, the ball is maintained in a fixed position, while this spear-pointed knife is carried through the margin of the cornea into the anterior chamber. This done, a cutting-edged needle is passed through the opening, carried on through the membrane of lymph blocking up the pupil, and by a few strokes in different directions, made to sever its connections. The next step consists in conducting this iris hook through the corneal incision, turning it upon the margin of the pupil, gently drawing the engorged portion of the iris out, and clipping it off with the scissors. This completes the operation. The right eye, which is cataractous, may now be subjected to the operation of solution. For this purpose, a very delicate knife (the HAY'S knife) is entered a little posterior to the corneo-sclerotic line, carried through the posterior chamber, and its edge turned against the anterior capsule of the lens, slitting it freely in different directions, and breaking up the cataract, in order that the dioptric fluids may penetrate freely its substance. This operation is applicable, in a strict sense, only to soft cataracts. The different stages being done as they were described, the Doctor detailed at some length the importance of after-treatment. Atropia in solution, three grains to the ounce of water, was applied to the eye; the lids closed with isinglass plaster, a pledget of soft charpie placed over each eye, and the whole secured with a bandage.

Epithelioma of the Face.

This patient is sixty-five years of age, has an ulcer, covered with a brown scab, on the face, between the nose and the orbit. At first, that is over a year ago, it was a thin scale, dropping off every eight or ten days, and as often reforming. More recently, its course has been invasive, both in depth and breadth, until at present it covers a surface of over a half-inch in extent. Such a morbid production is called "skin cancer," "canceroid, epithelioma, etc. It is a disease of mature or advanced life, sometimes painful, at

other times almost painless. Sometimes slow, at others rapid in its course, but is esteemed by surgeons a form of malignant disease, or cancer, most amenable to treatment; that is to say, when once removed, it either does not return, or if so, only after a considerable time, in some instances eight or ten years.

These ulcers resemble syphilitic sores, and a careful inquiry should always be instituted in order to avoid confusion. A few days ago a patient applied to me with a fearful mutilation of the nose, which had been destroyed by potential caustics, in the hands of an infamous cancer doctor of this city. The case was purely traceable to a chancre, contracted three years before, and as a verification of my diagnosis, rapidly recovered under constitutional or anti-syphilitic treatment. In the management of this case, and all similar ones, I give a decided preference to the use of caustics. I believe we may anticipate a more certain cure than by the knife, as the influence of caustics is felt far beyond the seat of application by both permeation and penetration. The caustic for which I have a preference is the Vienna, consisting of caustic potash and quick lime. It is rapid and perhaps attended by less pain than most agents belonging to this class. The method of using will be best understood by witnessing its application in the present case. I cut out from this piece of adhesive plaster a portion corresponding in form to that of the diseased structure, a trifle larger, so as to include a little tissue beyond the affected part. This is now laid round the sore, its object being to protect the sound portions from damage. The stick of Vienna caustic is now moistened with a little alcohol and applied lightly over the entire exposed surface. In 10 or 15 minutes it will probably have done its work, and if apprehensive of its action extending too deep, a little acetic acid may be applied to arrest its progress. Over this cauterized surface, a flaxseed meal poultice will be applied and continued until the slough falls out, or is removed. The granulation and cicatrization will be facilitated by a dressing of carbonate of zinc cerate. For several months the patient should be kept under the conjoined influence of cod-liver oil and FOWLER'S solution of arsenic—the latter in doses not exceeding three drops, three times a day.

Fistula Lachrymalis.

For over a year this woman has been annoyed with the tears running over lid and trickling down the face. This is especially the case if exposed

to a keen air. The face has become excoriated from the lachrymal secretion.

About three months ago a swelling appeared at the inner part of the orbit; the surface became tender and inflamed, and finally ulceration occurred, discharging pus mixed with tears. The opening refuses to heal, and we have, therefore, a lachrymal fistula. The explanation of this state of things is, I presume as follows: This woman has suffered from a catarrhal condition of the mucous membrane of the nose. The inflammation has in all probability extended into the lachrymal duct, sac, and canaliculi inducing first swelling then exudation and thickening. The organization of the plastic deposit has produced a narrowing or stricture, which prevents the progress of the tears to the nose, hence they have accumulated behind, distending the sac until inflammation and ulceration have been provoked. What is to be done? In the early stages of this affection we are sometimes able to arrest it by applying a few leeches at the inner part of the orbit, and instilling a solution of sulphate zinc, 2 gr. to the ℥j of rose water; or 1 gr. of nitrate of silver in a similar menstruum. After the inflammation has been thus relieved, graduated probes may be with great caution and delicacy introduced through the lachrymal canal two or three times a week.

This case, however, has passed beyond the reach of such, and the indication now is to divide the stricture of the nasal duct, and maintain it patulous by introducing a silver style. To accomplish this, the integument of the temple is pressed strongly out in order to make prominent the internal palpebral ligament which lies across the sac at the internal part of the orbit. A narrow sharp pointed bistoury is carried horizontally backward between the ligament and margin of the orbit until it enters the sac, and then elevated as you see to a perpendicular, carrying it somewhat over to the sound side, when it passes down the duct to the stricture and is forced through. The knife is now withdrawn and the style inserted. As long as this is allowed to remain, the tears will find their way into the nose, and no time can be named when it may be withdrawn with the assurance that the stricture will not return. The various modifications which have been practised from time to time, of the operations for epiphora, I have repeated many times, but there has been so much uncertainty of result, that I am disposed to fall back on the old style, as yielding the most satisfactory relief.

EDITORIAL DEPARTMENT.

Periscope.

The Distoma Hepaticum in Sheep.

M. FONSSAGRIVES, professor in the School of Medicine at Montpellier, contributes a valuable study to the *Annales d'Hygiène Publique* for April, 1868, on "The Watery Cachexia of Sheep, in its relations to Public Hygiene." This is a disease arising from the presence of gourd worms, *Distomæ*, in the liver of the animal. As it is an extremely common complaint, both in this country and Europe, and as it probably unfits the animal's flesh for food, it deserves the attention of physicians and agriculturists.

It is characterized anatomically by a change in the blood which becomes watery and pale, and by the presence of the *distoma hepaticum* in the liver. Its symptoms are general debility, incomplete or absent rumination, dryness of the wool, which also yields to the slightest traction leaving bare spots, paleness of the conjunctiva with serous chemosis, digestive troubles, loss of appetite, colliquative diarrhoea with emaciation, which latter is often marked by a serous infiltration in the tissue.

All veterinarians agree that dampness favors the development of this parasitic malady. It is now known that the distoma is not produced in the biliary passages, but comes from without. In the larval state this worm lives in the water and swampy places. A day's pasturage in such a locality will infest a whole flock. The animal is from 10 to 30 millimetres long, and covered with spines directed posteriorly so that it can go forward but not backward. Once in the biliary canals, therefore, there is nothing for it but to stay there. When a sheep having this malady well marked is killed, and its liver divided, hundreds of these parasites will be found in a living state.

Can this disease be transmitted to the human species by partaking of the flesh of these animals? The question is one of the most serious import to the community. Our author answers it with a decided affirmative. He calls attention to that obscure disease called by GRIESINGER the "Egyptian Chlorosis," and thinks it identical with the intertropical "African cachexia," "intertropical hypohemia," and identifies both as the result of the ingestion of this dangerous parasite. One may well ask, he continues, whether many a case of obscure "liver complaint," dyspepsia, and

serous dropsy, so called, is anything more or less than the consequence of eating living distoma, or their ova, in our mutton chops and Southdown roasts. For these ova, little oblong bodies, 13-100th of a millimetre long, and 9-100th wide, are not destroyed by moderate heat, and find a favorable nidus for development in the living membrane of the stomach and bowels.

Applying these facts to the protection of the commonwealth he recommends that, "The flesh of sheep attacked with this disease is bad for a triple reason; because it is less nourishing; because the fluids which impregnate it are in an abnormal unhealthy state; because the distoma or its eggs can by it be transferred to the human subject."

But let us be fair to the butchers; our author is of opinion that there is no danger from the latter source, when the fore and hind quarters alone are consumed, and the flesh thoroughly cooked and protected from the distomæ escaping from the viscera.

Lipoma in the Right Parotid Region, Extirpation, etc.

By Dr. JULIO RODRIGUES DE MOURA, of Bahia. Translated from the Portuguese by WM. MASON TURNER, M. D., of Philadelphia.

Signor M., Portuguese, aged 35 years, a little more or a little less, of a robust constitution, and good blood system, a resident of the city of Mayé, consulted me toward the end of March of the current year, (1867). He had always enjoyed good health, but he complained that now for some years—not stating definitely the time—a tumor, without any appreciable cause, had appeared beneath the right ear. At first being of small volume, he did not attach to it much importance, but finally its increase in growth, gave him considerable uneasiness, and to arrest the rapid spread of the tumor he was compelled to consult a physician.

On examining it for the first time, having had the history of the case, as above, I observed below the lobe of the right ear a tumor of the size of an apple, which both by palpation and inspection, I determined was divided into two prominences, one of which occupied the parotid region of the right side, and the other burrowing deeply in the carotid gap or fossa of the same side. But these two lobes possessed a common body, movable over all beneath, well circumscribed, hard, without alteration in the color of the skin, indolent, without pulsation or abnormal bruit, measuring in length about my two thumbs, and in breadth two or a little less.

From these symptoms I concluded I had to treat a lipoma, the extirpation of which, wisdom at once granted; and the execution of which should not be delayed any longer than possible, as seen at a glance by the affected region, where the tumor was situated,—demanded too by the increasing development which it had acquired. I submitted the case to the opinion of Drs. SIQUEIRA and PIRASSININGA, who confirmed my diagnosis; and I requested their assistance in this delicate operation, one indeed, on account of the situation, not without its attendant dangers.

On the 5th of April I performed the operation in the following manner: I circumscribed the tumor from the middle with two curved incisions, including the skin and the subcutaneous cellular tissue, dividing it near the lobe of the ear, and terminating the incisions about an inch below the angle of the inferior maxillary. I next dissected back the two flaps, revealing a fibrous sac, which, anteriorly and laterally, was readily detached, but which, in the posterior part, was so adherent and firm, that further dissection was necessitated, before I could get at the mass buried so deep in the parotid region, and extending to the carotid fossa, beneath which (mass) now the artery could be felt pulsating.

My assistants and myself having agreed that the tumor could not be extirpated little by little, (or by layers), I cut down into the sac imbedded so deep, and found the lipoma contained in it. It presented now the appearance of a yellow, hardened, granulous mass. I extirpated it completely, and was particular to remove every trifling portion of it. * * * This operation executed in the neighborhood of such large and important blood-vessels, only wounded a small arterial branch, the hemorrhage from which ceased without the aid of a ligature. Having washed and dried the wound, a deep cavity remained whence the tumor had been taken, measuring two inches in extent. I then closed the wound neatly and exactly, with fine stitches of the metallic suture.

At the end of the third day, (18th of April), there was a most satisfactory union by *first* intention; the patient being all the time allowed to be on his feet, and the lips of the wound were in perfect contact. Two days after cutting the ligatures, we found as a result of the operation, an almost imperceptible linear cicatrix, and which was entirely covered by the beard. The good result of this operation is due in great part, to the learned assistance of my colleagues, Drs. SIQUEIRA and PIRASSININGA, and to the

calmness and resignation of the patient, *who was not chloroformed.*

Fracture of the Larynx.

Dr. F. STEINER, of Vienna, reports in the *Wiener Med. Wochensh.*, No. 15, Feb. 19, 1868, p. 241, the details of the following case of fracture of the larynx, occurring in the surgical clinic of Prof. BILLROTH, in which there was emphysema of the skin, dyspnoea, (tracheotomy, giving little improvement,) and death from mediastinal emphysema and secondary pericarditis. A servant girl, 19 years old, was caught by the wheel of a centrifugal-dyeing machine, about 6 o'clock in the evening. A handkerchief tied around her head and neck had been caught from behind, and became twisted rope-like, strangulating the poor girl. Three hours later she was brought to the hospital, when her head, face, neck, back and breast were found swollen from emphysema; larynx and trachea could not be felt from without, eyelids so swollen as to make their separation impossible, sternum can be made out only on pressure, the emphysema reaching in front to the umbilicus, and behind to the crest of the ileum. Breathing was difficult, face cyanotic; on attempts to speak now and then, only a sound was heard, and this very peculiar, as though coming from the left side of the neck, (a sort of ventriloquistic voice,) pressure in region of larynx and trachea painful, in the latter large vesicular râles; on applying the finger over the laryngeal region, air entering the perilaryngeal areolar tissue could be felt to elevate the soft parts; patient could not swallow; the sputa were mixed with fresh blood; pulse 128, respiration 48, temp. 37.3, (about 99 F.) At 11 o'clock tracheotomy became necessary, and was performed by Dr. KUMAR. An incision two inches long, by which some air escaped, showed the hyothyroid membrane torn, and the thyroid cartilage broken; on pulling the fractured ends apart, (the left considerably overlapping the right,) air freely entered, and the great dyspnoea was diminished. The cricoid membrane and cartilage first tracheal ring, and the membrane between the first and second rings of the trachea were split, but to introduce a tube it was found necessary to cut out a piece of the cricoid cartilage. The respiration then became pretty free, though not perfectly so. During the night the patient slept with interruptions; several times vomiting of consistent masses of food, also diarrhoeic discharges.

Next morning, great dyspnoea; loud and prolonged inspiration, with mouth widely open, hiss-

ing expiration; emphysema diminished. Pulse 120; temp. 40° (104 F.) The tube removed for cleaning was not again introduced; the patient breathed as well without it. Prof. BILLROTH now made horizontal incisions, three inches long, under the clavicle into the emphysematous tissue, and air was pressed out, with, however, but little relief to respiration. In the evening temperature rose a little; pulse 136.

Next day respiration still more difficult, loud, prolonged, saccadated inspiration, anxious, widely open mouth, expiration free; face more cyanotic, pulse 152, respiration 32. Much thirst, vomiting of bilious liquid. To remove, if possible, the air from the connective tissue of the mediastinum and subpleural emphysema, which was regarded as compressing heart and lungs, and really causing the increasing dyspnoea, the cutaneous incision was prolonged, and the second and third rings of the trachea also split, but, although some air was made to escape on pressure and breathing surprisingly improved thereby the dyspnoea soon returned and increased, until the patient succumbed at half past three in the afternoon.

The autopsy carefully made by Prof. ROKITANSKY, showed the fracture of the thyroid cartilage, the epiglottis torn across, the mediastinal emphysema, etc.

Traumatic Paralysis of Right Arm, treated with applications of Strychnia and Chloroform.

Dr. W. H. WATKINS, (*New Orleans Jour. Medicine*, Jan. 1868), says, as cases of this class are of peculiar interest to the profession, not so much for their rarity, as on account of the unsatisfactory treatment which has hitherto been directed to them, I would present the following case, which was admitted, treated, and discharged cured from from the Charity Hospital.

A. L., a native of Spain, aged twenty-six years, was admitted into Ward 22, on August 30th, 1867. His general health was good, but his left arm was completely paralyzed. The history of the case is as follows:

On April 21st, 1867, while in the Imperial army, in Mexico, he was shot, the ball passing through the super-spinous portion of the scapula, coming out at the sterno-clavicular articulation. No large vessels were severed, and the hemorrhage was slight. The wound healed rapidly. From the instant he wound was received, the arm was paralyzed. He was discharged from the army in June, and two months after he was admitted into the hospital. He was unable to move the arm, and when it was pricked with a

pin, felt no pain. The greater part of the deltoid muscle was paralyzed. Upon examination, I thought the case hopeless, but concluded to try the local application of strychnia, as recommended by BROWN-SÉQUARD. The formula is as follows:

R. Strychniæ sulph., grs. ij.
Chloroform, ʒj. M.

Apply half night and morning. This solution was applied with rapid friction. After continuing the application for twelve days, he complained of an uneasy sensation in the arm, and when again pricking him with a pin below the elbow, found that he felt pain. I made him use passive motion, and continued the applications as usual. The power of motion soon returned, and at the end of the fourth week he was discharged, using his arm very nearly as well as ever.

Cases of Aphonia from Disordered Volition.

At a recent meeting of the Clinical Society of London, (*Lancet*, April 11, 1868,) Dr. MARCET related a case in which dumbness, associated with dysphagia and occasional spasmodic contraction of the muscles of the fauces, of fifteen months' duration, had apparently disappeared after the application of the interrupted induced current of the larynx.

Dr. MORELL MACKENZIE regarded the case as one of those in which the power of bringing certain groups of muscles into combined action is lost, not in consequence of any disease either of the muscular apparatus itself or of the nervous centres presiding over it, but as a result of disordered volition. In illustration, he referred to the case of a sailor, otherwise in good health, who, in consequence of a blow on the head received when at sea, suddenly lost his voice. Dr. MACKENZIE ordered him to take an inert medicine three times a day, assuring him that he would be cured. After a few days he recovered his speech. Here, as in Dr. MARCET's case, and in other instances which had come under his notice, the good effect of the remedy employed had no relation to its therapeutical properties.

Dr. C. J. B. WILLIAMS regarded the case in the same light as Dr. MACKENZIE. He had under his observation a woman, by no means of a fanciful or hysterical tendency, in whom loss of vocalization and articulation, lasting for several days, could be produced at any moment by an unexpected slap on the back. It was soon found that the voice could be restored by electrical shock from a Leyden jar, and subsequently by a less violent stimulus with equal success.

Extraction of a Ball Lodged between the Innominata and Trachea.

Prof. Dr. RICHARD VOLKMANN, of Halle, reports in the *Deutsche Klinik*, No. 8, Feb. 22, 1868, the case of a Prussian soldier who was hit in the battle of Koniggratz by a spent ball which entered a finger's breadth above the sterno-clavicular articulation of the left side. Violent hemorrhage was interrupted by syncope. In the hospital the wound canal was found to run obliquely down toward the back and right side to the mediastinum externally. No search was made for the ball immediately, and the man gradually recovered. When Dr. VOLKMANN first saw him, three and a half months later, there was only an exceedingly minute fistulous passage, from which on pressure a few drops of matter exuded. The patient distinctly feels the presence of the ball; he has a sensation of pressure in the depth of the trachea, hawks constantly, and often feels a slight difficulty in swallowing. After many vain attempts the projectile was felt with a very fine sound, two and a half inches from the outer opening, about an inch below the upper edge of the sternum, very near the trachea and to its right, therefore in immediate vicinity of either the innominata or aorta. As any cutting operation for the removal of the ball seemed to make death almost inevitable, unbloody dilatation of the fistula was attempted by introducing a very thin, highly polished bougie of laminaria digitata. After twenty-four hours another of the size of a crow's quill could be introduced, and the next morning three, and the next six, of like thickness. Neck became much swollen, painful and tense, but the index finger could now be introduced, the ball reached, and after much trouble extracted with a curved sharp toothed polypus forceps. Water compress made the swelling subside, the fistulous passage rapidly contracted, and after three weeks was definitely closed. Patient perfectly well. This case shows what dilatation by laminaria can accomplish.

The Pharyngo-palatine Muscle in Man.

Prof. Dr. HUBERT LUSCHKA, of Tübingen, publishes a very thorough description of this muscle illustrated by an excellent lithographed drawing in the *Archiv für pathologische Anatomie und Physiologie und für Klinische Medicin*, (*Virchow's Archiv*), Bd. 42, Hess 4, March, 1868, p. 480. He mainly vindicates by renewed studies and careful dissections, the statements already made in his splendid work on Anatomy. For convenience of description he distinguishes a thyro-palatine and a pharyngo-palatine portion in the muscle in

question, and therefore calls it thyro-pharyngo-palatine muscle. Its fibres are, he contends, not disposed in ring form to constitute a sphincter as MERKEL states. In its total function it combines with the temporary closure of the pharyngo-nasal space, the shortening of the pharynx and the corresponding elevation of the larynx. For intelligible details we must refer the reader to the original.

Anomalous Development of the Thyroid Cartilage.

Prof. Dr. HUBERT LUSCHKA, of Tübingen, reports in *Virchow's Archiv*, Bd. 42, Hess 4, March, 1868, p. 478, a rare anomalous development not hitherto described, which he has found three times on the left side of male larynges. It is the absence of the upper horn of the thyroid cartilage as ordinarily observed, and in its place a colossal *corpus triticeum* as it were, which was enclosed by the lateral thyro-hyoid ligament. The possible occurrence of such an independent or loose superior horn of the thyroid cartilage should be remembered in diagnosing a fracture of this cornu. It leads Dr. LUSCHKA to suggest that the ordinary triticeal body may perhaps originally be a sort of epiphysis or the pointed extremity of the upper horn which has become separate and independent.

Hypodermic Injections.

In the *Wiener Medicinische Wochenschrift* for March 28th, 1868, there is the conclusion of a series of articles by Dr. ADOLF HERMANN, of Pesth. In this he mentions as one of the accidents which sometimes follow the use of hypodermic injections, an oedematous swelling, which he thinks is caused by injury done to the lymphatics. He has noticed it only when the operation was performed on the cheek, and then only when the puncture was made too near the lip or the eyelids, places which he thinks should never be used for subcutaneous injections.

The whole half of the face swells up almost immediately, the eyes are closed, and one-half of the lips so much swollen that the articulation is a little obstructed. In two to four days, without any treatment other than the application of some spermaceti ointment spread upon linen, for the purpose of excluding the air. The oedema, in the cases which came under his observation, always passed away without any further disagreeable consequences.

Dr. HERMANN thinks that, except for the use of morphia, the danger of inflammation and suppuration more than counterbalances any ad-

vantage to be derived from hypodermic injections. In hotter climates than his own, however, he admits that the employment of quinia in this way, for pernicious fevers, may be advisable.

Cynoglossum Officinale Analogous to Curare.

J. SETSCHENOW, of Graz, communicates a paper to the *Centralblatt für die Medicinischen Wissenschaften* for March 28th, 1868, in which he states that he had, a short time before, received a letter from Dr. DIEDÜLIN, of St. Petersburg, enclosing some alcoholic extract of the cynoglossum for him to experiment with. In this letter, Dr. DIEDÜLIN affirmed that the extract would paralyze the extremities of the motor nerves in the vertebrata.

Accordingly, the experiment was tried by J. SETSCHENOW on four frogs, in each of which a piece as large as the head of a pin was inserted into the dorsal lymph sac, and five or ten minutes after this, total paralysis of motion took place in each case, in all the muscles connected with the bony skeleton; the heart, however, continued to beat, the muscles were irritable, and the nerves of sensation were intact.

On account of the minute portion of the extract received, there was none left to try the experiments on the mammalia, so that the observation of Dr. DIEDÜLIN on these animals, more especially as regards the immunity of the vaso motor system, were not confirmed.

Recovery after Severe Injury to Nerves.

The Paris correspondent of the *London Lancet* writes to that journal:

Two interesting cases have recently occurred at Strasbourg. In one, the details of which are strikingly similar to the case lately observed in Professor RICHTER's wards, we read that MM. BECKEL and HERGOTT have had under their care a little boy, aged five years, who fell upon a shoemaker's knife, and received such a severe cut at the wrist that the radial artery, the median nerve, and the tendons of the various flexors were completely severed. A suture was applied to the flexor of the thumb and the superficial flexor of the fingers, but the median nerve was left untouched, as well as the other muscles; only the hand was bent upon the forearm, and maintained in that position. Complete and immediate cure was the very fortunate result; motility and sensibility were completely recovered. M. CHEREAU, whose able "*Chronique Départementale*" in the last number of *L'Union Médicale* furnishes me with the above details, concludes his notes of the case with the following points of interrogation:—Was the median nerve

regenerated? or have the several extremities remained apart? and in the latter case, has the nervous fluid continued to circulate through the capricious meanderings of anastomoses?

With regard to the other case, I cannot do better than translate M. CHEREAU's graphic description:—"A girl of eighteen, an epileptic sufferer, seeks to enter a chamber; the key placed in the lock, within the chamber, projects forward nearly its whole length. With the left arm she draws the door toward her, half opens it, is taken with a fit, and falls with all her weight, the right eye striking the handle of the key. She is immediately taken up; a little blood is seen to ooze between the eyelids. The whole of the right eye is unimpaired, having only its muscles divided at a few millimetres from their ocular insertions, and the optic nerve, torn away evenly at the ocular surface, is found in the ring of the key handle, hanging by the conjunctiva."

The Artificial Production of Croupous Inflammations of the Respiratory Organs, and the Specificity of these Processes.

Dr. OTTOMAR BAYER, of Leipzig, has repeated REITZ's experiments on rabbits for producing croup by injecting caustic ammonia into the trachea. In the *Archiv für Heilkunde*, 1st Hess, 1868, p. 83, he reviews REITZ's account (*Sitzungsber. der Kais. Acad. d. Wiss. zu Wien, mathem.-naturw. Cl. LV. 3, 1867*), at great length, showing that the inflammation produced by the latter was really a more or less high graded catarrhal one, which result his own very numerous experiments also gave. His own conclusions, briefly stated, point to the existence of—as far as the body is concerned—external but otherwise entirely unknown morbid agents as the final cause of croupous pneumonia, primary croupous bronchitis, and laryngo-tracheal croup, these agents being even essentially distinct though histogenetically related in each of these three diseases. He also admits the existence in the system of a special predisposition for croupous affections, and assigns to the frequently accepted ætiological factors such as exposure to cold and wet, etc., the place of assisting or exciting causes, which in themselves are able to produce only a catarrhal inflammation, but which bring about a croupous process with the co-existence of the disposition and the action of the unknown specific agent.

As it is not known that rabbits have any predisposition at all for croupous affections—no such affections having ever been positively observed in such animals—Dr. BAYER suggests that they are on this account already unsuitable

for experiments in this direction. Altogether the whole article although it pleads entire ignorance as to the essential nature of cropous inflammation is an interesting and suggestive one.

Removing Particles of Foreign Matter from the Eye.

Dr. E. M. MOORE recently informed Dr. C. E. RIDER, of Rochester, N. Y., of a method for removing particles of foreign matter from the conjunctival fold in cases where other means seem insufficient. It consists in scarifying the lid in the usual way, then closing the eye, and allowing the blood to coagulate and entangle the irritating substances in the clot. When the latter is removed, it brings away the foreign particles with it. This process was, Dr. R. believes, originated and frequently practised by the late Dr. MUNN, who, a few years ago, had a great reputation for skill and tact in the management of eye diseases.

Reviews and Book Notices.

NOTES ON BOOKS.

Among the regular visitors to our table, the following have come to hand the past week:

1. *Hours at Home*, one of our very best monthlies, always containing articles of interest and value. This is a journal that can be safely introduced into any family, as there are positively no objectionable features about it,—but everything calculated to elevate and instruct. Among its contributors to late numbers, we may name Rev. Drs. HORACE BUSHNELL, PHILIP SCHAFF, and S. T. SPEAR, Pres. T. D. WOOLSEY, Profs. E. A. LAWRENCE, T. C. PORTER and A. J. CURTIS, GEO. M. BEARD, M. D.; and several foreign writers of distinction are also contributors, such as GUIZOT, Countess DE GASPARIN, the author of the *Heir of Redclyffe*, a *Night in a Workhouse*, etc., etc. \$3.00 year. CHARLES SCRIBNER & Co., New York.

2. The *Galaxy*, a popular and attractive illustrated magazine. Each number contains two or more well executed illustrations. In the September number are contributions from Dr. JOHN C. PETERS, on Cholera and its Oriental Sources, and Dr. T. EDWARDS CLARK, on Slow and Secret Poisoning. Dr. WM. A. HAMMOND is also a contributor. The *Galaxy* numbers among its contributors some of our best writers. There is nothing dull or stupid about it. It is cheerful, lively, wide-awake. \$4.00 a year. SHELDON & Co., New York.

3. *Littell's Living Age*, a weekly magazine, published by LITTELL & GAY, of Boston, at \$8.00 per annum, gives the cream of the foreign magazine literature. The selections are well made, and are often of special interest to the medical reader. The number for August 15th, contains a valuable article from the *Westminster Review*, on Nitro-Glycerine; that for Aug. 22d, one entitled *Expositions of Rational Medicine*, from *Modern Inquiries*, to which we may again advert.

Dental Materia Medica. Compiled by JAMES W. WHITE. Philadelphia: Published by SAMUEL S. WHITE, 1868. 1 vol., 12mo., cloth, pp. 108.

The different drugs and preparations used by the dentist are here succinctly described, their doses and the indications for their employment given. The book contains very many useful directions, for which the student and younger practitioner will be thankful. The articles on anæsthetics and their administration, especially that on nitrous oxide, are very satisfactory. At the commencement several handy tables are given, abbreviations used in prescriptions, weights and measures, the pulse and respiration at various ages, the time of eruption of deciduous and permanent teeth, etc., etc.

Medical Communications, with the Proceedings of the Seventy-sixth Annual Convention of the Connecticut Medical Society, held at New Haven, May 27th and 28th, 1868. New Haven: Published by the Society; MOSES C. WHITE, M.D., Secretary. 1868. 1 vol., 8vo., paper, pp. 171, 36.

The most interesting of these communications are the two very well written and instructive prize essays, both by Dr. ROBERTS BARTHOLOW, of Cincinnati, the one on the best hygienic means to preserve the health of armies, and the other on the therapeutic uses and abuses of quinia and its salts; the treatment of paralysis by hypodermic injections of strychnia, with a number of cases illustrative of its beneficial effects, by Dr. M. G. ECHEVERRIA; and the article by Dr. S. G. HUBBARD, on the case of the late President JEREMIAH DAY, of Yale College, who died recently at the age of ninety-five. President DAY is a striking example of what a careful, regular life can do to promote longevity, even when the constitution is unusually feeble. There are other articles very properly chosen for publication, on account of their practical utility—one on the relation of albuminuria to puerperal convulsions, by Dr. HASTINGS; on ichthyosis, (with plate,) by Dr. PIERPONT; on traumatic lesion of the knee-joint, by Dr. COATES, and the usual addresses, obituaries, etc.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 22, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.*

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE PROPRIETY OF CERTIFICATES.

There is a misunderstanding, which we are very willing to believe is an honest one, among many physicians as to the propriety or impropriety of lending their authority to the sale of articles of food, medicine, or hygiene. Our code of ethics is undoubtedly very stringent on that point,—many think altogether too stringent. If a person who has the best opportunities to test the merits, we will say of an article of diet, what harm, it is asked, is done by giving his opinion frankly and publicly? Is it not indeed to a certain extent his duty to do so? And is not this duty still more obligatory on a medical man, who has in some degree the health of the community in charge, than on another member of society?

The argument is plausible, and we do not hesitate to say would be incontrovertible, were it not that there are so many certain to take the ell when they are given the inch. Many a one would take advantage of such a concession to rush into the public prints, not in order to benefit the public, but simply to get his name before the people's eyes, and to gain in this equivocal manner a reputation for knowledge and experience which his own labor and acquirements would never give him. To yield this point would open the door for the fools and knaves to rush in pell-mell, where the wise and scrupulous would fear to tread. It would take away one of the barriers which exist between the blatant empiric and the man of science.

We must approve, therefore, most decidedly

the recent action of the Academy of Medicine of Cincinnati, in calling before it and reprimanding in a report of the Committee of Ethics two regular physicians of that city, members of the Academy, who had appended their names, along with the name of an eclectic doctor, to a certificate to the effect that certain mineral waters styled Kissengen and Viehy, made for popular use and offered for sale to the public in the same manner as ordinary nostrums, possess medicinal qualities to an astonishing degree.

The Committee very justly and temperately rehearse their reasons for this action and the objections to the course pursued by the signers of the certificate. They point out that such a mode of promulgating medical information is, to say the least, highly undignified and derogatory to the profession. In all enlightened countries by long usage, the medical journals are recognized as the only legitimate organs by which to publish discoveries in medical science or in which to carry on discussions. It is only when acting as the mouth piece of a medical society, or in the discharge of the duties of a health officer, or in some other regular manner, that it is proper for the physician through the newspapers to instruct the masses on subjects exclusively of hygiene, as, in regard to ventilation, clothing, diet, cleanliness, etc. Newspapers, hand-bills, circulars, etc., are the instruments used by quacks and empirics in disseminating their deceptions, and the physician puts himself on a level with such, and indeed is only worthy to be regarded as one himself, who employs them in professional matters, except in the manner described.

As there appears to exist an undue laxity on this point in many quarters, we hope that this action and these reasons will attract the attention of those who do not see the impropriety of such writings.

Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."

Notes and Comments.

Sulphite of Soda in Dyspepsia.

A correspondent reports a cure of an obstinate case of dyspepsia with this salt, in five-grain doses. No doubt when this complaint depend on fermentation of the ingesta, it would be of valuable service. But in dyspepsia the greatest attention should be paid to distinguish between its multifarious forms.

The University of Michigan.

We ask attention to the letter of Dr. A. B. PALMER, which we publish in this number, giving full information on the homœopathic folly lately attempted to be perpetrated in connection with this fine institution. All our readers will feel interested in seeing a full and true statement of the subject.

Male Nurse.

Inquiries are frequently made for male nurses, and there are very few capable persons who devote themselves to that business. Those wishing to employ a good, capable, intelligent man nurse, who has had much experience, particularly with the insane, can hear of a good one by applying at this office.

American Pharmaceutical Association.

The Sixteenth Annual Meeting will be held on the second Tuesday of September, in this city, at the new hall of the Philadelphia College of Pharmacy, Tenth street, between Cherry and Race. Strangers arriving in Philadelphia to attend the meeting will find a committee of reception at the Continental Hotel. The Association has now on its roll the names of 727 members living in all parts of the North American Continent.

Addison's Disease.

(See current volume REPORTER, p. 20.)

In reference to this case Dr. A. HERR, of Iowa, sends the following additional particulars:

"The subject of it, James Dolan, was in my employ about five years ago, and was then of a peculiar hue resembling putty. He came to me for treatment, and served as man-of-all-work about my office and stable for several months. At first he was much debilitated, almost wholly void of animation, and would sleep most of the time during day and night. Under the use of tonics and quinine he gradually recovered from what I supposed was dyspepsia and marked malarial fever, so as to do about half a man's work. His color remained, however, nearly as

before. Some months after leaving me, he came to my office to be examined for the U. S. Infantry service, and was rejected. He must have offered himself elsewhere and been accepted, unfortunately for him and the service. He had been ill a year or more before I saw him."

Insecticides.

A recent traveler, JAGER, in *Sketches of Travels in Singapore, Malacca and Java*, published in 1866, furnishes some testimony of much interest on this subject. He says that a tincture prepared by macerating one part of *Pyrethrum roseum* in four parts of diluted alcohol, and then thinned with ten parts of water and applied to the skin, gave perfect security against attacks of mosquitoes and other insects, enabling him to pass the night in an open boat on the rivers of Siam without any annoyance; and moistening the beard and hands with the same liquid would protect the hunter for at least twelve hours from the flies. On the Island of Luzon, a board six inches wide was fastened horizontally all around his house, and a track of the powder, several inches in width, laid along this board, proved an insurmountable barrier to the incursions of the countless myriads of ants infesting the country.

Hydrophobia.

The Paris correspondent of the *Chicago Medical Journal*, for April, 1868, quotes a curious assertion from the *Siglo Medical*, a Spanish medical paper. It says:

"The peasants of Galicia have entertained the idea that dogs bitten by vipers, which are very common in that province, are no longer liable to contract hydrophobia, whether spontaneous or inoculated, after recovering from the bite of the reptile. This belief has induced them to endeavor to protect their dogs from the danger of *rabies canina*, by having them bit by vipers when young. If, indeed, the venom of the viper be a preservation against the other virus, the inoculation of the former will, by preventing dogs from contracting hydrophobia, indirectly protect men from being attacked with it. This consideration has induced a Spanish physician, whose name, unfortunately, is not given, to institute experiments with a view to test the efficiency of this preservation, by causing a number of young dogs, five or six months old, to be stung by vipers; and after recovery, to be subjected to the bite of mad dogs. The result was, that in every case the former were found to be insensible to the virus of hydrophobia, no matter how often or at what period of their lives they were subjected to

the ordeal. The sting of the viper would bring on fever, somnolency, and uneasiness, increasing for three or four days, and then subsiding in the course of three or four days more. Olive oil, externally and internally administered, would afford some relief. If, five or six months later, the same dog were stung a second time, the only consequence would be a slight tumefaction, without fever; and any subsequent bite by a viper produces no effect whatever."

Correspondence.

DOMESTIC.

Homœopathy in the University of Michigan.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

In your issue of August 1st, just fallen into my hands at this place, you kindly give a statement from the Circular of the University of Michigan, recently published, in which it is stated that "*the Medical Department of the University of Michigan is entirely free from the remotest connection with homœopathy*;" then adding a paragraph from the *New York Times*, stating that "the Supreme Court of the State had decided against the Regents, holding that the establishment of a homœopathic school elsewhere than at Ann Arbor is not in compliance with the law which requires the Chair of Homœopathy to be established in the Medical Department;" and you then request for the benefit of the medical world, official information on the subject.

The statement in the circular referred to is "official" and correct; but an explanation of what appears to you a discrepancy between the statement of the circular and that quoted from the *Times* seems needed, and fearing your article may fail to attract the attention of other members of the University, now enjoying their summer vacation, you will permit me, in as few words as possible, to present the essential facts of our affairs, which has so much interested the professional public.

It will aid in throwing light upon the subject to state in the beginning, that the law referred to is regarded as not positive and binding upon the Regents, but only as a condition for receiving a certain sum of money, and the Regents have resolved to forego the money rather than comply with the law, if interpreted to require the introduction of a professor of homœopathy into the medical school at Ann Arbor, thus changing its curriculum, and destroying its existence as a legitimate school of medicine. This, it is hoped,

it will not be difficult to understand; but a brief history of the relations of the University to the Legislature and the Regents, and of the legislation which has occurred in respect to homœopathy, may not be without interest to your numerous readers.

The State of Michigan, in common with other Western States, received years ago, two townships, or 46,080 acres of public lands, for the establishment of a University. This land was located by Commissioners of the State, was sold at fair prices, and the money invested in a "University Interest Fund," which has been well husbanded, and from it the institution, consisting of its three Departments,—one of Sciences and the Arts, one of Law, and the other of Medicine and Surgery, has been established and sustained,—the people of the State having never as yet added to the endowment.

About fourteen years ago, when some act relating to the University was before the Legislature, a clause was attached providing that there should be one professor of homœopathy in the Medical Department, and in that form was passed. The Regents at that time were urged by the homœopaths to carry out the provisions of the act, but the Medical Faculty, with others, strenuously objected, urging that the Regents were endowed by the State Constitution with the power and responsibility of regulating the affairs of the University,—that such a precedent of legislative interference would be dangerous, and that particularly the introduction of such a chair into the medical school would necessarily destroy its usefulness and success. Legal advice was taken; these views prevailed; this clause in the act was regarded as of no binding force, and the chair of homœopathy was not established.

Although for some years past the Medical Department from its moderate fees had more than paid its current expenses and professors' salaries, yet the University as a whole was in want of funds to meet the demands which its great expansion forced upon it, and application was made to the Legislature of 1867 for aid. A bill was introduced providing for the levying of a tax upon the property of the State for its support. The bill met with opposition by a large minority of the body, though favored by a respectable majority. There was in the Legislature a sufficient number under the influence of homœopathy to hold the balance of power between these parties. The opponents of the bill, ready to accept an amendment which would embarrass it, joined with the adherents of homœopathy in attaching as a condition of the payment of the

money, compliance with the former ignored law respecting the establishment of a chair of that system in the Medical Department. The bill, with this "homœopathic proviso," ultimately passed. The question then came before the Regents, as to whether they would or would not accept the money with the conditions.

Urged by the pressing wants of the University for additional funds on the one hand, and by a regard for the interests, and even existence of the Medical Department on the other, they hesitated for more than a year, and at length, contrary to the wishes of the Medical Faculty, who advised a prompt rejection of the fund, attempted an expedient by which they hoped to save the Medical College from contamination, and yet save the money. This consisted in the establishment of a school of homœopathy, to be located at some other place than Ann Arbor, nominally only in the Medical Department of the University, and to be supported in part out of the money to be raised by the provisions of the bill.

Under this action the Regents applied for the money, but it was refused by the State Treasurer, on the ground that doubts were entertained as to whether the conditions of the act had been complied with; and the question thus raised being brought before the Court, two of the three Judges acting in the case were of the opinion that the intention of the proviso was to have the professor of homœopathy in the Medical Department at Ann Arbor, and the Treasurer was sustained in his refusal to pay the money.

The Regents having previously to the decision of Court, assured the Faculty by a resolution passed almost unanimously, that under no circumstances would they establish the chair in the department at Ann Arbor, to disturb its curriculum, and introduce confusion and ruin, the whole project has failed, and thus the University "is entirely free from the remotest connection with homœopathy." Without further action on the part of the Legislature and Regents, no aid from the State will be received by the University; but it is hoped, after the light which this unpleasant experience has thrown upon the subject, that the needed assistance will be afforded without the imposition of conditions which will render the intended good a real evil.

It can readily be understood that the medical faculty have been placed in a very embarrassing position. The pressing wants of the University, and charges of illiberality, unfairness and prejudice being on the one hand, and professional honor, and the interests of medical science on

the other. Hastily abandoning their positions would have led to the triumph of folly and error, and the ruin of the largest, and, as they believe, one of the best medical schools in the country; whilst quietly yielding to so unnatural an association would have been a sacrifice of self-respect and professional reputation, which could not for a moment have been thought of. They have done what they have regarded their duty to the profession and themselves, and we are happy in the belief that they have not sacrificed the honor or interests of either.

The most impressive lessons of wisdom are taught by experience, and if the lessons of these experiences be heeded, no further attempts will be made to mingle in the same institution, elements so totally incompatible as scientific medicine and the exclusive and absurd system of homœopathy.

A. B. PALMER, M. D.,

Prof. of Pathology and Practice of
Medicine in the University of Michigan.

Richfield Springs, N. York,

Aug. 11th, 1868.

Case of Hydrocephalus.—Recovery.

EDITORS MEDICAL AND SURGICAL REPORTER:

The following case presents some points of general interest. The patient, a boy 16 months old, healthy, except from extreme infancy, subject when sleeping, to an unusual tendency to restlessness and jactitation, increasing with age, and supposed, as usual, to arise from teething and worms. His mother commenced to wean him about the first of June last, which seemed to increase the restlessness, etc., to such a degree as to alarm his friends, when I was sent for, and gave an opinion hurriedly, that worms and intestinal irritation caused by teething and weaning were the cause or foundation of the symptoms. Acting upon the above opinion, I ordered four powders, containing *santonin* and *enamel*, to be taken morning and evening, to be followed, the second day, with castor oil, unless the bowels were already sufficiently acted upon. Pulse being quick and frequent, ordered hot saline bathing, with solution of *aconite* and *spts.* of *nitre* internally, to act on the secretions and skin. Drafts to extremities, etc.

Visited him on the second day. Castor oil had been given and operated freely, causing the removal of mucous shreds in large quantities, which was supposed by the friends to be "worms cut up." Hot skin somewhat abated, and urinated more freely, but his breathing was shorter, and pulse 160. Restlessness and jactitation un-

abated, with great inclination to somnolency, and contraction of pupils while asleep. Ordered mustard sinapisms to lungs, and added veratrum and ipecac. to solution. Continued hot saline bath to spine.

Visited him next day, and found the short breathing and restlessness increased, with an almost continued motion of the arms to the head, and a thrusting of the fingers into the mouth. For a moment, during wakefulness, the pupils would dilate, but would, during sleep, be permanently contracted. Nausea and vomiting, with occasional screaming,—the first no doubt partly attributable to the veratrum and ipecac in the solution. Skin not so hot, pulse 120. Ordered blister to lungs and epigastrium, lanced swollen gums, the cutting of which the little fellow seemed to enjoy. Ordered the solution in diminished doses. External treatment continued as before. I would here say that the mother put the child to the breast, as milk, from some idiosyncrasy peculiar to the maternal side, could not be borne, the least portion of which would be immediately rejected by the stomach. Soups were given, but had to be forced down.

At my next visit, the 5th, found the lung fever and cough much improved. Breathing freer and easier, the congestion seemingly permanently relieved by the counter-irritation, as well as the nausea and vomiting. The stupor and drowsiness continued so that he could scarcely be aroused to drink or nurse.

Visited him the same day, in consultation with Dr. SMITH, who, after a rigid and careful examination, confirmed the diagnosis of meningeal disease and hydrocephalus. Recommended small but continued doses of calomel, rhei, and soda, to correct secretions, and, if possible, remove the persistent costiveness, which had to be overcome only by continued injections. Continued this treatment for two days, without any special effect, only to increase, if possible, the debility and jactitation. I, expecting of course the child must die, ordered as large a blister as could be laid on behind each ear, changed the entire course of internal as well as external treatment. Ordered alcoholic washes to the spine, solution of the sulphites of soda and nitre, and whiskey internally, with as much milk punch as could be retained by the stomach. I should have stated that the head had been persistently covered with cold cloths, which were forbidden with the change of treatment above indicated. To my surprise and gratification, the fever abated, the jactitation gradually ceased, somnolence seemed gradually to give way, and in one week appeared

to be perfectly well, except weak. Now, was I mistaken as to the ultimate diagnosis of the disease, or did the continued persistent treatment, with the thorough blistering and discharge from behind the ear, with stimulants externally and internally, with thorough and persistent nursing, and the final addition of the sulphite of soda, relieve the meningeal inflammation, and produce the absorption of the effused fluid, and final cure of this, to me, interesting case? No opiates were used in any form, except a balsam copaiba mixture, containing spts. nitre, colch., and laudanum, given after the head symptoms abated—as a few drops gradually increased, seemed to relieve the cough and jactitation promptly.

THOMAS SHANNON, M. D.

*Savona, Steuben Co., N. Y.,
July 6th, 1868.*

News and Miscellany.

To Test the Purity of Water.

A glass tube of about a yard in length, closed at the lower end by a cork, upon which rests a white dish of porcelain, is recommended for determining the purity of water, as the slightest color is seen against the white ground, and the different shades indicate different ingredients. A green tinge is produced by minute algæ; a white opacity often by fungoid growths, iron salts by a peculiar ochry color. The apparatus is termed the chromiometer.

A Novel Style of Bath.

The Germans, who are a metaphysically ingenious people, have invented air-baths. Airing, instead of watering, places have been established on the top of some of the Rhine mountains, and provided with doctors, hotels, cottages, and all other necessities for a summer sojourn. The mode of taking these air-baths is not described in the journal from which this announcement is taken.

Cerium.

The late Dr. CHARLES WOLF, of Cincinnati, O., while in the laboratory of BUNSEN, in Heidelberg, Germany, made an elaborate investigation on the equivalent of cerium. The papers containing an account of his experiments and calculations have been translated for *The American Journal of Science and Arts*, by Mr. F. A. GENTH, of Philadelphia. The result of the investigation is the number 45.664, (estimating oxygen at 8) as the equivalent of the purest cerium.

Free Public Baths in Boston.

During the month of July the number of bathers in the Free Public Baths in Boston, (with the exception of the women's bath at the foot of Broadway,) was as follows: men, 80,505; boys, 210,100; women, 7,002; girls, 29,365. Total, 326,972 persons.

— The Dahlia, it is stated, possesses some narcotic property which seems to paralyze bees when they enter the flower for the purpose of collecting the honey or the pollen. In the fall, when the dahlias are in full blossom, numbers of bees may be found in them in a state of stupefaction, which ends in death if they are not removed from the fatal influence of these flowers. It would be well if this property were investigated with a view of ascertaining its influence on the human subject.

— Dr. W. W. PARKER, of Davenport, Iowa, was killed by being run over, at Ames, Iowa, by a train on the Northwestern Railroad, on the 8th inst. He was born in Onondaga, N. Y., in 1818. He resided in Davenport since 1854.

— Cholera is said to be terribly prevalent on the Barbary coast. In one place over a sixth of the population of three thousand died.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

KELEMEN-SPICER.—On Monday, August 17, 1868, by the Rev. Mr. Marks, of New York City, Dr. Attila J. Kelemen, of New York City, and Jane E. Spicer, of East Chester, Westchester Co., N. Y.

NIXON-ROBBINS.—On the 30th ult., by Rev. Theodore Stevens, Dr. J. A. Nixon, of Philadelphia, and Miss Sallie A. Robbins, of Delaware.

VAN EMMAN-OSBORNE.—In the Presbyterian Church at Decatur, Ohio, July 15th, by Rev. Henry Osborne, Dr. John H. Van Eman and Miss Laura Osborne, daughter of the officiating clergyman.

WOODWARD-ESTILL.—July 8th, 1868, in St. John's Church, West Virginia, by the Rev. Joseph A. Neck, John P. Woodward, M.D., of Vernon, Ind. and Miss Irene M. Estill, daughter of Davis A. Estill, Esq., of Charleston.

DIED.

BECKWITH.—At Litchfield, Conn., Aug. 13, Jane Seymour, wife of Josiah G. Beckwith, M.D., aged 57 years.

UHLEH.—At Manayunk, Phila., on the 12th inst., May Blanche, infant daughter of Dr. H. N. and Margaret H. Uhler, aged 2 months.

ANSWERS TO CORRESPONDENTS.

Dr. J. M. B., of Mo.—Your numbers were duly received.

Dr. J. J. C., of N. Y.—Your article was duly received, and will have attention soon. Shall be glad to receive your report.

Canada.—Kidder's is the best battery; price \$20 00. We can get it for you. The axilla thermometer can be obtained here for \$3.50. Tanner's is an excellent work on practice, and there are few, if any, better.

Dr. F. R. G., of N. C.—If you send us accurate measurements, we can get you a truss of the kind you describe for about \$7.00, but doubt if it could be sent by mail. Better by express.

Dr. J. S. L., of Pa.—We are as willing to recommend Dr. Thomas' work on Diseases of Women as any. Price, by mail, \$5.50.

Dr. T. H. D., of Pa.—For ordinary purposes, Camman's stethoscope is of little value, though it is of great importance in hospital practice.

Dr. H. E. H., of Wis.—Wunderlich's late treatise on the Use of the Thermometer in Disease, has not been republished in this country, to our knowledge. You would have to import it.

Dr. B. I. P., of N. Y.—We are unable to give you the exact composition of Brou's injection, as we have not on hand the number of the *Jour. de Pharmacie* which contains the formula. We can tell you the ingredients, however. They are kino, subnitrate of bismuth, and acetate of lead.

Dr. C. R. R., of N. Y.—We would advise you to try the mineral water you mention. We know of some cases that it has benefited, though, of course, it is no more a specific than anything else.

Dr. A. B. L., of Pa.—There are forty-eight instruments in the amputating case advertised in the *REPORTER*. Such a case at first-hand costs \$75.00; this one is offered at \$50.00. Cases can be bought as low as \$22.50, but are not first-class in metal, and the instruments are few in number.

Dr. C. S. J., of N. J.—We have repeatedly branded the "Howard Association of Philadelphia" as a base swindle, and we warn all from having anything to do with it.

Dr. J. T. B., of Ill.—The price of Sim's monograph on Uterine Surgery is \$4.00. It is a very excellent production, though somewhat radical.

Dr. C. F. D., of N. J.—Brande & Taylor's Chemistry is a very full and complete work, and a new edition has been issued recently. Price \$4.50.

METEOROLOGY.

August,	3,	4,	5,	6,	7,	8,	9.
Wind.....	S. W.	N. W.	N. E.	S. W.	S.	S.	S.
Weather.....	Clear.	Cl'dy.	Rain.	Clear.	Cl'dy.	Cl'dy.	Cl'dy.
Depth Rain..		5 10					
Thermometer.							
Minimum.....	71°	65°	67°	64°	61°	64°	65°
At 8, A. M.....	79	72	73	71	75	75	75
At 12, M.....	82	75	79	78	82	81	82
At 3, P. M.....	86	79	80	78	80	85	85
Mean.....	79.50	72.75	74.75	72.75	74.50	76.25	76.75
Barometer.							
At 12, M.....	30.	30.1	30.3	30.2	30.2	29.9	29.9

Germantown, Pa.

B. J. LEEDOM.

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